

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		6-15-00
O.I.P.E. CLASSIFIER		5	6-23-00
FORMALITY REVIEW	T.A	Jc 844	08-02-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/2/03
2	✓	✓	9/2/03
3	✓	✓	9/2/03
4	✓	✓	9/2/03
5	✓	✓	9/2/03
6	✓	✓	9/2/03
7	✓	✓	9/2/03
8	✓	✓	9/2/03
9	✓	✓	9/2/03
10	✓	✓	9/2/03
11	✓	✓	9/2/03
12	✓	✓	9/2/03
13	✓	✓	9/2/03
14	✓	✓	9/2/03
15	✓	✓	9/2/03
16	✓	✓	9/2/03
17	✓	✓	9/2/03
18	✓	✓	9/2/03
19	✓	✓	9/2/03
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25	✓	✓	9/2/03
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29	✓	✓	9/2/03
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If more than 150 claims or 10 actions  
staple additional sheet here

(1.FET INSIDE)

Best Available Copy